Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

| Effective October 1, 2001   |  |   |                                      |                      |                                       |                          |                        |                   |                        |        |                            |                        |
|---|--|---|--------------------------------------|----------------------|---------------------------------------|--------------------------|------------------------|-------------------|------------------------|--------|----------------------------|------------------------|
|   |  |   | (Column 1)                           |                      | (Column 2)                            |                          | SMAL!                  | SMALL ENTITY TYPE |                        | OR     | OTHER THAN OR SMALL ENTITY |                        |
| TOTAL CLAIMS  |  |   |                                      |                      |                                       |                          | RAT                    | Ε                 | FEE                    |        | RATE                       | FEE                    |
| FOR   |  |   | NUMBER FILED                         |                      | NUMBER EXTRA                          |                          | BASIC                  | FEE               |                        | OR     | BASIC FEE                  | 890                    |
| TOTAL CHARGEABLE CLAIMS   |  |   | //c minus 20=                        |                      | * _                                   |                          | X\$ 9                  | )=                |                        | OR     | X\$18=                     |                        |
| INDEPENDENT CLAIMS  |  |   | / minus 3 =                          |                      | *                                     |                          | X42                    | =                 |                        | OR     | X84=                       |                        |
| MU  | LTIPLE DEPEN                                   | DENT CLAIM PR                               | RESENT                               |                      |                                       |                          | +140                   | <br>)=            |                        | OR     | +280≃                      |                        |
| * If  | the difference                                 | in column 1 is                              | ess than zero, enter "0" in column 2 |                      |                                       | olumn 2                  | TOTA                   | AL.               |                        | OR     | TOTAL                      | 890                    |
|   | C  | LAIMS AS A<br>(Column 1)                    | MENDED                               | - PAR<br>(Colu       |                                       | (Column 3)               | Column 3) SMALL ENTITY |                   |                        | OR     | OTHER<br>SMALL             |                        |
| AMENDMENT A   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   |                                      | NUM<br>PREVI         | HEST<br>IBER<br>OUSLY<br>FOR          | PRESENT<br>EXTRA         | RAT                    | E                 | ADDI-<br>TIONAL<br>FEE | 1      | RATE                       | ADDI-<br>TIONAL<br>FEE |
|   | Total  | . 16  | Minus                                | ** *                 | 20                                    | = ,                      | X\$ 9                  | =                 |                        | OR     | X\$18≃                     |                        |
|   | Independent                                    | * /   | Minus                                | ***                  | 3                                     | = -,                     | X42                    | =                 | 1                      | OR     | X84=                       |                        |
|   | FIRST PRESE                                    | NTATION OF MU                               | JLTIPLE DEF                          | ENDEN                | T CLAIM                               | لـــلـــا                | +140                   | )=.               |                        | OR     | +280=                      |                        |
|   |  |   |                                      |                      |                                       |                          |                        | TAL.              |                        | OR     | TOTAL<br>ADDIT, FEE        |                        |
|   |  | (Column 1)                                  |                                      | (Colu                | mn 2)                                 | (Column 3)               | ADDIT.                 |                   | ,                      |        | ADD11.1 CC                 |                        |
| AMENDMENT B   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   |                                      | NUM<br>PREVI         | HEST<br>IBER<br>OUSLY<br>FOR          | PRESENT<br>EXTRA         | RAT                    | E                 | ADDI-<br>TIONAL<br>FEE |        | RATE                       | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus                                | **                   |                                       | =                        | X\$ 9                  | =                 |                        | OR     | X\$18=                     |                        |
|   | Independent                                    | *   | Minus                                | ***                  | T () A 13.4                           | =                        | X42                    | *                 |                        | OR     | X84=                       |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                      |                      |                                       |                          | +140                   | =                 |                        | OR     | +280=                      |                        |
|   |  |   |                                      |                      |                                       |                          |                        | TAL               |                        | OR     | TOTAL<br>ADDIT. FEE        |                        |
|   |  | ADDIT. F                                    |                                      |                      |                                       | ADDII. I EEI             |                        |                   |                        |        |                            |                        |
| AMENDMENTC  |  | (Column 1) CLAIMS REMAINING AFTER AMENDMENT |                                      | HIGH<br>NUM<br>PREVI | mn 2)<br>HEST<br>IBER<br>OUSLY<br>FOR | (Column 3) PRESENT EXTRA | RAT                    | E                 | ADDI-<br>TIONAL<br>FEE |        | RATE                       | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus                                | **                   |                                       | =                        | X\$ 9                  | =                 |                        | OR     | X\$18=                     |                        |
|   | Independent                                    | *   | Minus                                | ***                  | <del></del>                           | =                        | X42:                   | _                 |                        | OR     | X84=                       |                        |
| ᆫ   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                      |                      |                                       |                          |                        | _                 |                        | OR     | +280=                      |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.   |  |   |                                      |                      |                                       |                          |                        | -<br>FAL          |                        | ı      | TOTAL                      |                        |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. F  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." |  |   |                                      |                      |                                       |                          |                        |                   |                        |        | ADDIT. FEE                 | L                      |
|   | The "Highest Num                               | ber Previously Pai                          | d For" (Total or                     | Independ             | tent) is the                          | highest number           | found in the           | e app             | propriate box          | in col | umn 1.                     |                        |